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APPLICANTS

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** CONTINUING DATA ************************ *OK. AK 3/17/07*

This appln claims benefit of 60/441,987 01/23/2003

** FOREIGN APPLICATIONS ******************** *None. AK 3/17/07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
** 04/28/2004

Foreign Priority claimed ☐ yes ☒ no		STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance					
Verified and Acknowledged *Examiner's Signature* Initials					

ADDRESS
26345

TITLE
Expandable artificial disc prosthesis

FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
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